| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| (1) | Dorothy Bendross-Mindingall | OFFICE USE ONLY | | | | | | | |
| | Name | ONLINE SUBMISSION | | | | | | | |
| (2) | 3310 NW 80 Terrace | Submitted on: | | | | | | | |
| | Address (number and street) | 9/4/2018 15:10:10 (eastern) | | | | | | | |
| | Miami, FL 33147 City, State, Zip Code | | | | | | | | |
| | ☐ Check here if address has changed | (3) ID Number: 2023 | | | | | | | |
| (4) | Check appropriate box(es): | | | | | | | | |
| (-) | © Candidate Office Sought: School Board District 02 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed | | | | | | | | |
| (5) Report Identifiers | | | | | | | | | |
| Cover Period: From 8 / 11 / 2018 To 8 / 23 / 2018 Report Type: 18P7 | | | | | | | | | |
| | riginal 🖺 Amendment 🗌 Spe | ecial Election Report | | | | | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | | | | | |
| Casl | n & Checks \$, , <u>100</u> . <u>00</u> | Monetary | | | | | | | |
| Loar | | Transfers to Office Account \$, , , 0 . 00 | | | | | | | |
| Tota | I Monetary \$, , <u>100</u> . <u>00</u> | Total Monetary \$, , 0 . 00 | | | | | | | |
| In-Ki | sind \$,,, | , , <u>, , , , , , , , , , , , , , , , , </u> | | | | | | | |
| | | (8) Other Distributions \$, , 000_ | | | | | | | |
| (9) | TOTAL Monetary Contributions To Date \$ | (10) TOTAL Monetary Expenditures To Date \$,82 ,15203 | | | | | | | |
| (11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.) I certify that I have examined this report and it is true, correct, and complete: (Type name) Individual (only for IE | | | | | | | | | |
| _X | | X | | | | | | | |
| Si | gnature | Signature | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name Dorothy Bendross-Mindingall (2) I.D. Number | | | | | | | | | |
|--|-------------------------------------|-----------|------------|--------------|--------------|-------------|----------------|--|--|
| | 8/11/2018 | | | /23/2018 | | 4 | 3 | | |
| (3) Cover Peri | od / / | throu | ugh | <i>I I</i> | (4) Pag | je <u> </u> | of | | |
| | | T | i | | | 1 | ľ | | |
| (5) | (7) | | (8) | (9) | (10) | (11) | (12) | | |
| Date | Full Name | | | | | | | | |
| (6) | (Last, Suffix, First, Middle) | | | | Day Margaret | | | | |
| Sequence | Street Address & | | ntributor | Contribution | In-kind | Amendment | | | |
| Number | City, State, Zip Code E.L. WATERS & | Type B | Occupation | Type CH | Description | Add | Amount \$100.0 | | |
| 8/22/2018 | | В | | CH | | Add | \$100.00 | | |
| 1 1 | COMPANY, LLC, 8264 NW 195TH TER | | | | | | | | |
| 1 | HIALEAH, FL 33015 | | | | | | | | |
| 1 | | | | | | | | | |
| | | | * | | | | | | |
| | | | | | | | | | |
| <i>I I</i> | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1 1 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1 1 | _ | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| J I | _ | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | * | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1 1 | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | 1 | | | |

| CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Dorothy Bendross-Mindingall (2) I.D. Number 2023 | | | | | | | |
|--|--|--|----------------------------|------|----------------|--|--|
| (3) Cover Period | 8/11/2018 8 1 / / through | /23/2018 / | l) Page1 | | 0 | | |
| (5) Date (6) Sequence Number | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Purpose (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) | (11) Amount | | |
| // | | | | | | | |
| // | | | | | | | |
| // | | | | | | | |
| // | | | | | | | |
| // | | | | | | | |
| // | | | | | | | |
| // | | | | | | | |